

| CLAIMS ONLY | | | | | | | Application Number 10665551 | Filing Date |
|-----------------|----------|--------|-----------------------|--------|------------------------|--------|---|-------------|
| | | | | | | | Applicant(s) | |
| | | | | | | | * May be used for additional claims or amendments | |
| CLAIMS | AS FILED | | AFTER FIRST AMENDMENT | | AFTER SECOND AMENDMENT | | | |
| | Indep | Depend | Indep | Depend | Indep | Depend | Indep | Depend |
| 1 | | | | | | | | |
| 2 | | 1 | | | | | | |
| 3 | | 1 | | | | | | |
| 4 | | 1 | | | | | | |
| 5 | | 1 | | | | | | |
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| 7 | | 1 | | | | | | |
| 8 | | 1 | | | | | | |
| 9 | | 1 | | | | | | |
| 10 | | 1 | | | | | | |
| 11 | | 1 | | | | | | |
| 12 | | 1 | | | | | | |
| 13 | | 1 | | | | | | |
| 14 | | 1 | | | | | | |
| 15 | | 1 | | | | | | |
| 16 | | 1 | | | | | | |
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| Total Indep | 2 | | | | | | | |
| Total Depend | 16 | | | | | | | |
| Total Claims | 18 | | | | | | | |